LUTHER HOME

831 PINE BEACH ROAD

Developmentally Disabled

MARI NETTE 54143 Phone: (715) 732-0155 Ownership: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Highest Level License: Yes Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/00): 161 Yes 156 Total Licensed Bed Capacity (12/31/00): 161 Average Daily Census:

150 Number of Residents on 12/31/00: ****************************** Services Provided to Non-Residents Age, Sex, and Primary Diagnosis of Residents (12/31/00) | Length of Stay (12/31/00) Home Health Care No | Primary Diagnosis % | Age Groups % | Less Than 1 Year 26.7 Supp. Home Care-Personal Care No | ------1 - 4 Years 36. 7 Supp. Home Care-Household Services No Developmental Disabilities 2.0 | Under 65 2.7 More Than 4 Years 36.7 Day Services No | Mental Illness (Org. /Psy) 33.3 | 65 - 74 6.0 Respite Care Mental Illness (0ther) 9.3 | 75 - 84 29. 3 100.0 No | 51. 3 | ******************* Adult Day Care Alcohol & Other Drug Abuse 0.7 | 85 - 94 No | Adult Day Health Care Para-, Quadra-, Hemi plegi c 0.0 95 & 0ver 10.7 Full-Time Equivalent No | Congregate Meals Cancer 2.7 Nursing Staff per 100 Residents No | Home Delivered Meals Yes | Fractures 2.0 100.0 (12/31/00)97. 3 |-----Other Meals No | Cardi ovascul ar 9.3 | 65 & 0ver Transportation No | Cerebrovascul ar 14.0 | -----RNs 11.2 Referral Service Yes | Diabetes 2. 0 | Sex % LPNs 6.0 3.3 | ------ | Other Services Yes | Respiratory Nursing Assistants Provide Day Programming for Other Medical Conditions 21.3 | Male 23.3 Aides & Orderlies 42.7 Mentally Ill No | ----Femal e 76.7 Provide Day Programming for 100.0 ----

100.0

Method of Reimbursement

No

	Medicare (Title 18)				Medi cai d												
					(Title 19)			0ther		P	Private Pay			Managed Care			Percent
	Per Diem			em	Per Diem		m	Per Diem		em	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
T . CI.II I C																	0.00
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Skilled Care	13	100.0	\$129. 15	73	70. 2	\$91.30	0	0.0	\$0.00	23	69. 7	\$129. 15	0	0.0	\$0.00	109	72. 7%
Intermediate				31	29.8	\$74.01	0	0.0	\$0.00	10	30. 3	\$122.95	0	0.0	\$0.00	41	27. 3%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	13	100. 0		104	100. 0		0	0. 0		33	100.0		0	0. 0		150	100.0%

LUTHER HOME

Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00									
Deaths During Reporting Period										
			0/		% Needi ng	o/ m . 11	Total			
Percent Admissions from:		Activities of	%		ssistance of	% Totally	Number of			
Private Home/No Home Health	7. 5	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	0. 7	Bathi ng	2. 7		30. 7	66. 7	150			
Other Nursing Homes	3. 7	Dressi ng	13. 3		65. 3	21. 3	150			
Acute Care Hospitals	85. 1	Transferri ng	26. 7		49. 3	24. 0	150			
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 0		48. 7	27. 3	150			
Rehabilitation Hospitals	0.0	Eati ng	62. 7		25. 3	12. 0	150			
Other Locations	3. 0	**************	*********	*****	*******	*********	******			
Total Number of Admissions	134	Continence		%	Special Treatmen	ts	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.0	Receiving Resp	iratory Care	6. 0			
Private Home/No Home Health	15. 1	0cc/Freq. Incontine	nt of Bladder	30. 7	Receiving Trac	heostomy Care	0. 0			
Private Home/With Home Health	16. 5	0cc/Freq. Incontine	nt of Bowel	28. 7	Receiving Suct	i oni ng	0.0			
Other Nursing Homes	5.0				Receiving Osto	my Care	2. 0			
Acute Care Hospitals	10.8	Mobility			Recei vi ng Tube	Feedi ng	3. 3			
Psych. HospMR/DD Facilities	0. 7	Physically Restrain	ed	0.7	Receiving Mech	anically Altered Diet	s 39.3			
Rehabilitation Hospitals	0.0									
Other Locations	11.5	Skin Care			Other Resident C	haracteri sti cs				
Deaths	40.3	With Pressure Sores		3. 3	Have Advance D	i recti ves	79. 3			
Total Number of Discharges		With Rashes		12. 0	Medi cati ons					
(Including Deaths)	139	I			Receiving Psyc	hoactive Drugs	16. 7			

	0		ershi p:	Bed Size: 100-199 Peer Group		Li censure: Skilled Peer Group			
	Thi s	Nonprofit Peer Group						All Facilities	
	Facility								
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 9	92.8	1. 04	86. 4	1. 12	87. 0	1. 11	84. 5	1. 15
Current Residents from In-County	72. 0	73. 6	0. 98	79.8	0. 90	69. 3	1.04	77. 5	0. 93
Admissions from In-County, Still Residing	23. 9	26. 8	0.89	23.8	1.00	22. 3	1.07	21.5	1. 11
Admissions/Average Daily Census	85. 9	86. 5	0. 99	109. 7	0. 78	104. 1	0.83	124. 3	0.69
Discharges/Average Daily Census	89. 1	83. 8	1.06	112. 2	0. 79	105. 4	0.85	126. 1	0.71
Discharges To Private Residence/Average Daily Census	28. 2	28. 3	1.00	40. 9	0. 69	37. 2	0. 76	49. 9	0. 57
Residents Receiving Skilled Care	72. 7	89. 0	0. 82	90. 3	0.80	87. 6	0.83	83. 3	0.87
Residents Aged 65 and Older	97. 3	97. 3	1.00	93. 9	1.04	93. 4	1.04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	69. 3	67. 3	1. 03	68. 7	1. 01	70. 7	0. 98	69. 0	1.01
Private Pay Funded Residents	22. 0	27. 1	0.81	23. 2	0. 95	22. 1	0. 99	22.6	0.97
Developmentally Disabled Residents	2. 0	0.4	4. 56	0.8	2. 58	0. 7	2.80	7. 6	0. 26
Mentally Ill Residents	42. 7	32. 8	1. 30	37. 6	1. 13	37. 4	1. 14	33. 3	1. 28
General Medical Service Residents	21. 3	22. 4	0. 95	22. 2	0. 96	21. 1	1. 01	18. 4	1. 16
Impaired ADL (Mean)	52. 3	49 . 0	1.07	49. 5	1.06	47. 0	1. 11	49. 4	1.06
Psychological Problems	16. 7	46. 3	0. 36	47. 0	0. 35	49. 6	0. 34	50. 1	0. 33
Nursing Care Required (Mean)	8. 3	7. 6	1.09	7. 2	1. 14	7. 0	1. 17	7. 2	1. 15